| Case 22-60043 | Document Filed in TXSB on 05/02/22 | 2 Page 1 of 1 | |
|---|--|---|---|
| Fill in this information to identify the case: | | | |
| Debtor name IWHealth, LLC | | | |
| United States Bankruptcy Court for the: <u>Southern</u> | District of <u>Texas</u> (State) | | |
| Case number (If known): 22-60021 | _ | C | Check if this is an |
| Official Form 206D | | | amended filing |
| Schedule D: Creditors V | Who Have Claims Secured b | y Property | 12/15 |
| Be as complete and accurate as possible. | | | |
| Do any creditors have claims secured by deb No. Check this box and submit page 1 of this Yes. Fill in all of the information below. | tor's property? s form to the court with debtor's other schedules. Debtor h | as nothing else to repor | t on this form. |
| Part 1: List Creditors Who Have Secure | d Claims | | |
| List in alphabetical order all creditors who has secured claim, list the creditor separately for each secured claim. | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
| 2.1 Creditor's name | Describe debtor's property that is subject to a lien | \$ | \$ |
| Creditor's mailing address | | _ * - | · |
| | Describe the lien | _ | |
| Creditor's email address, if known | Is the creditor an insider or related party? ☐ No ☐ Yes | | |
| Date debt was incurred | Is anyone else liable on this claim? | | |
| Last 4 digits of account number | NoYes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| Do multiple creditors have an interest in the same property? | As of the petition filing date, the claim is: Check all that apply. | | |
| No Yes. Specify each creditor, including this creditor, and its relative priority. | ☐ Contingent☐ Unliquidated☐ Disputed☐ | | |
| 2.2 Creditor's name | Describe debtor's property that is subject to a lien | | |
| | | _\$ | \$ |
| Creditor's mailing address | | _ | |
| | Describe the lien | _ | |
| Creditor's email address, if known | Is the creditor an insider or related party? ☐ No ☐ Yes | - | |
| Date debt was incurred | Is anyone else liable on this claim? | | |
| Last 4 digits of account number | ☐ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| Do multiple creditors have an interest in the | As of the petition filing date, the claim is: Check all that apply. | | |
| same property? No | Contingent | | |
| Yes. Have you already specified the relative priority? | ☐ Unliquidated ☐ Disputed | | |
| No. Specify each creditor, including this creditor, and its relative priority. | | | |
| Yes. The relative priority of creditors is specified on lines | | | |
| 3. Total of the dollar amounts from Part 1, Colur Page, if any. | nn A, including the amounts from the Additional | \$ | |